DOCUMENT RESUME

ED 202 528 JC 810 302

AUTHOR	Cooper, Freda; And Others
TITLE	Health Instruction Packages: Nursing--Patient Observation and Assessment.
INSTITUTION	League for Innovation in the Community Coll., Los Angeles, Calif.
SPONS AGENCY	Kellogg Foundation, Battle Creek, Mich.
PUB DATE	77
NOTE	60p.
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	Adolescents; Child Development; Children; Learning Modules; *Mental Health; *Nursing; Nursing Education; *Observation; *Patients; *Personality Assessment; Two Year Colleges
IDENTIFIERS	*Health Instruction Exchange; Psychiatric Nursing

ABSTRACT

Text, illustrations, and exercises are utilized in this set of three learning modules to instruct nurses and nursing students in patient observation and assessment skills. The first module, "The ABC's of Observation" by Freda Cooper, provides psychiatric nurses and technicians with guidelines for determining the mental status of incoming patients through observation of their appearance, behavior, and communication. The second module, "Psychosocial Assessment of the School-Age Child" by Barbara H. Johnson, briefly describes the meaning of Erikson's psychosocial stage of "industry versus inferiority," the developmental tasks of school-age children (six to 12 years old), and the components of a psychosocial assessment which takes into account the child's mood, self-concept, interests, coping skills, and interpersonal competence. The third module, "Nursing Assessment of the Adolescent" by Eunice Bown, reviews the normal growth and development of adolescents and details factors to be considered in writing a nursing assessment of an adolescent patient. Each of the illustrated modules provides sequential reinforcement exercises with immediate feedback and concludes with a post-test and accompanying answer key. The modules are designed to be completed in a specified length of time ranging from 20 to 35 minutes. (JP)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED202528

HEALTH INSTRUCTION PACKAGES:

NURSING -- PATIENT OBSERVATION AND ASSESSMENT

Modules prepared by:

Freda Cooper

Barbara H. Johnson, RN, MS

Eunice Bown

HEALTH INSTRUCTION EXCHANGE

A Project of the League for Innovation in the Community College

JC 810 302

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Robert Leo

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

HEALTH INSTRUCTION EXCHANGE
1100 Glendon Avenue □ Westwood Center □ Suite 925 □ Los Angeles, CA 90024 □ 213 478-1411 / 473-4982

THE ABCs OF OBSERVATION

by

FREDA COOPER

© Freda E. Cooper, 1976
All Rights Reserved

TITLE OF PACKAGE:	The ABCs of Observation
AUTHOR:	Freda Cooper
INSTITUTION:	Porterville (Calif.) College
INTENDED STUDENTS:	Nursing; psychiatric technician
ESTIMATED WORKING TIME:	20 minutes
MATERIALS NEEDED:	None
REVISED:	June 15, 1977

HEALTH INSTRUCTION EXCHANGE
1100 Glendon Avenue □ Westwood Center □ Suite 925 □ Los Angeles, CA 90024 □ 213 478-1411
A PROJECT OF THE LEAGUE FOR INNOVATION IN THE COMMUNITY COLLEGE

There is one ability a psychiatric nurse or technician must have in large quantity -- the ability to observe.

After you have completed this packet, I hope that you will be able to form a quick, brief assessment of the mental status of a patient newly admitted to a psychiatric facility, by using the ABCs of observation.

Doing a mental status on a psychiatric patient is similar to doing a physical examination on a medical patient. The doctor does the physical or the mental status, but you as a psychiatric nurse or technician can help the doctor by recording your observations of the patient at the time of his admission. The doctor may not always be present, but you or other mental health workers will be.

You will make an initial assessment of the outward aspects of a described patient's "mental status" by recording your observations of appearance, behavior, and communication. As you continue through this learning unit, you will:

1) List the ABCs of observation.
2) Describe abnormal physical appearances of the patient.
3) List examples of abnormal behavior symptoms.
4) Report pertinent communication of the patient.
5) Given a description of a patient, categorize your observations by the ABC formula.

OBJECTIVES OF UNIT

Overall Objective

The Psychiatric Technician student will be able to report the ABCs of the observation of the newly admitted patient in a psychiatric facility.

Sub-Objective

The student will be able to:

1) List the ABC's of observation for "doing a mental status"

2) Describe the physical appearances of the patient.

3) List examples of abnormal behavior symptoms.

4) Report pertinent communication of the patient.

5) Given a description of a patient, make an assumption as to the condition his mental status indicates.

MENTAL STATUS

The term, "mental status", can be defined as sizing up or assessing the personality of the patient. It includes the emotional and intellectual functioning. Assessment of emotional functioning is aided by observations of how the patient looks, acts and talks.

The ability to observe the patient and to report your observations in an objective manner will enable you to assist in doing a brief "mental status".

Practice Question #1

Before treating a medical patient, the doctor does a physical examination to determine the physical condition of the patient. Before treating the psychiatric patient the doctor would do a _____ to size up or assess the personality of the patient.

Feedback

Was your answer "mental status"? Good! You have answered the first question correctly and you understand the use of a mental status. You are ready to go to Practice Question #2.

If your answer was not "mental status", consider the overall objective as you read the Introduction and Input #1, then try again.

The ABCs of observation of a mental patient are:

A. Appearance

B. Behavior

C. Communication

It would be nice if you could always know the diagnosis of the patient but the truth is, this will usually come later, after your first encounter with the patient. In fact, it may be several hours before you know the diagnosis the doctor has made. In the meantime, your assessment of the patient's mental status will help you to deal effectively with the patient.

Practice Question #2

The ABCs of observation of the psychiatric patient are:

A. _____

B. _____

C. _____

Feedback

Were your answers; Appearance, Behavior, and Communication or Conversation)? Good! You have correctly answered the second question and you are aware of the three important factors of observation. You are ready to go on to Practice Question #3.

If you did not answer: Appearance, Behavior, and Communication (or Conversation), don't give up. Re-read Practice Exercise #2 and try again.

APPEARANCE

Usually, the first thing you see in another person is his appearance. How does he look in general? Is he neatly dressed? Is he appropriately dressed? For instance, if he is wearing a conservative business suit does he also wear sandals and a fishing hat? Is his hair neat or messy? Is he clean shaven or does he have a 2 or 3 days growth of beard?

The depressed patient may not care what he looks like; he may not have been taking care of his physical needs. On the other hand, he may be trying to cover up a depression and is taking care of his outward appearance. In this case you may have to look further. Does he look cheerful or sad? Or does he have a flat or apathetic look on his face?

The manic patient may be neatly dressed or he may be inappropriately dressed. He may be sloppily dressed as though he hadn't time to get it all together. Either the manic or the depressive may not have shaved; the depressive because he does not care, the manic because his excessive activity has kept him too busy to attend to his grooming.

The female manic often wears loud, flashy colors, heavy make-up and often lots of jewelry. But don't be fooled; she may not take time to put on any make-up or even get dressed. She may come in wearing an old bathrobe over a dress and a sweater on backwards! She may even be barefooted!

The alcoholic is usually sloppily dressed with a 2 or 3 days growth of beard, a flushed face and often bloodshot eyes.

Practice Question #3

A. The first step in doing the "mental status" is an assessment of the patient's _____.

B. List three important areas to observe when reporting appearance.

Feedback

You have mastered this first step in assessing the mental status if your answer was appearance and your examples related to: neatness and appropriateness of dress; grooming; and facial expression.

BEHAVIOR

Behavior, or the way the patient acts, is often a reflection of the way he is feeling. How does he walk? Does he stagger? Does he stand quietly or does he pace rapidly back and forth? Is he striking out at others? Is he pounding the desk? Is he yelling, crying, angry, shouting abuses, or threatening others?

The schizophrenic may be frightened because he has lost touch with reality and he may be hallucinating -- hearing voices or seeing strange frightening things.

Practice Exercise #4

A. The second factor of the ABCs of observation in doing a mental status is the

_____

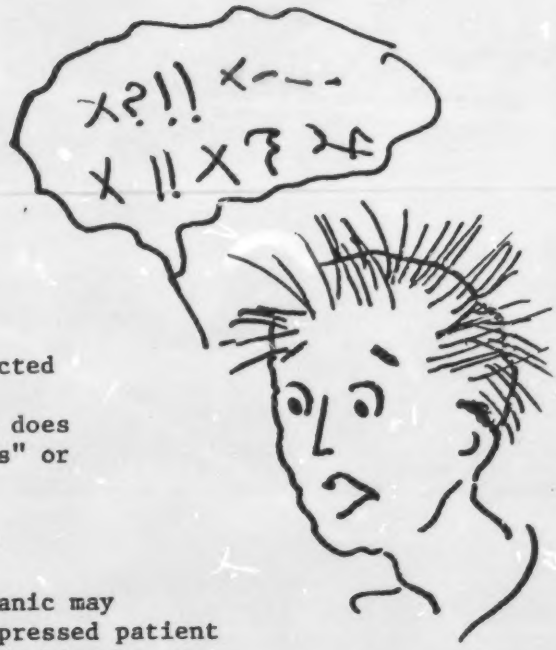
of the patient.

B. List three examples of abnormal behavior that you should note in your assessment.

Was your A answer behavior?

Very good. Your examples should relate to: gait (how the patient walks); threatening actions; hallucinations.

COMMUNICATION



What else is happening when you first meet a patient? Some kind of communication is taking place. Does the patient answer questions appropriately or is he talking about buying a car while you are asking him his name? Can you understand what he is saying or does he mutter, speak with unconnected phrases and speak totally mixed up? Is his speech slurred? Does he talk non-stop -- or does he not talk at all? Does he answer only "yes" or "no" with a flat tone, as though it doesn't matter to him?

The alcoholic's speech may be slurred; the manic may be shouting obscenities -- non-stop! The depressed patient may answer "yes" or "no" or not at all! The schizophrenic patient may answer inappropriately with a confused speech -- perhaps talking about being brought here in a spaceship, saying God told him to come.

Practice Question #5

A. The third factor in the ABCs of observation in doing a mental status is

_____

B. List four examples of clues to look for in communication.

You have learned the ABCs if your answer was communication and your examples resembled the following: inappropriate or apathetic answers; muttering, unconnected and mixed up speech; non-stop talking or complete silence; shouted obscenities.

You have now learned that doing a "mental status" refers to sizing up or assessing the outward aspects of the patient's emotional/ mental state. You have begun the assessment by observing the patient's appearance, behavior and communication.

Practice Question #6

1.) Your observations of the mentally ill patient would include the:

_____

_____, and

_____ of the patient. This is known as the ABCs of Observation.

2.) A 35-year-old man staggers as he is brought in. His face is flushed, his eyes bloodshot. He has two or three day's growth of beard and needs a haircut, shampoo and shower. When he speaks, his words are so slurred as to be incomprehensible. Using the ABCs, assess the outward aspects of his "mental status" by listing the clues under the appropriate factor.

Appearance:

Behavior:

Communication:

Feedback

1.) Did you answer:

Appearance

Behavior

Communication

If so, congratulations! You are well on your way toward becoming an effective Psychiatric Technician and Mental Health Worker.

2.) Appearance: grooming-needs shave, haircut, shampoo, shower, facial- face flushed, eyes bloodshot.

Behavior: gait-staggering

Communication: slurred speech

POST-TEST

1. The ABCs of observation are:

   1)_____,

   2)_____, and

   3)_____

2. List three important things to observe when reporting appearance.

   1) _____

   2) _____

   3) _____

3. List three examples of abnormal behavior you should look for when reporting behavior.

   1) _____

   2) _____

   3) _____

4. List four examples of communication you should observe.

   1) _____ 3) _____

   2) _____ 4) _____

5. Mr. T., a 35-year-old man was brought in by two policemen. He is using loud, profane language, keeps breaking away and pacing rapidly up and down the hall. He is dressed in a coordinated leisure suit, his face is slightly flushed, his hair is well cut but messy looking. He is frowning and threatening anyone who comes near him, "I'll get you, you SOB."

5. (Con't)

Assess the outward aspects of his mental status:

Appearance:

Behavior:

Communication:

ANSWERS TO POST-TEST

1. 1) Appearance

   2) Behavior

   3) Communication

2. Your answer should relate to:

   1) Neatness of clothing (also appropriate dress)

   2) Personal grooming

   3) Facial expression

3. Examples should relate to:

   1) Gait (way of walking)

   2) Threatening actions

   3) Hallucinations

4. 1) Inappropriate or apathetic answers

   2) Muttering, unconnected and mixed up speech

   3) Non-stop talking or complete silence

   4) Shouted obscenities

5. Appearance:

   Dress-appropriate
   Grooming-well cut hair, uncombed
   Facial-flushed, frowning

   Behavior:
   Gait-pacing
   Actions-threatening

   Communication:
   Loud
   Profane language
   Random threats

HEALTH INSTRUCTION EXCHANGE
1100 Glendon Avenue □ Westwood Center □ Suite 925 □ Los Angeles, CA 90024 □ 213 478-1411
A PROJECT OF THE LEAGUE FOR INNOVATION IN THE COMMUNITY COLLEGE

PSYCHOSOCIAL ASSESSMENT OF THE SCHOOL-AGE CHILD

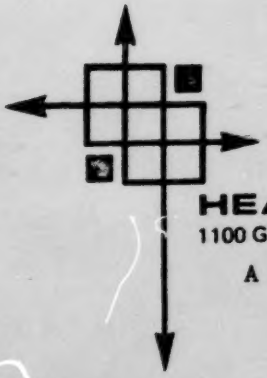
By

Barbara H. Johnson, R.N., M.S.

© Barbara H. Johnson, 1976
All Rights Reserved

TITLE OF PACKAGE:	Psycholosocial Assessment of the School-Age Child
AUTHOR:	Barbara H. Johnson, R.N., M.S.
INSTITUTION:	El Centro College, Dallas, Tex.
INTENDED STUDENTS:	Nursing (ADN)
ESTIMATED WORKING TIME:	30 minutes
MATERIALS NEEDED:	None

FIELD TEST COPY



HEALTH INSTRUCTION EXCHANGE
1100 Glendon Avenue □ Westwood Center □ Suite 925 □ Los Angeles, CA 90024 □ 213 478-1411
A PROJECT OF THE LEAGUE FOR INNOVATION IN THE COMMUNITY COLLEGE

OBJECTIVES OF UNIT

Overall Objective

The student will assess the psychosocial development of the school-age child.

Sub-Objectives

The student will

1) Describe what is meant by Erikson's psychosocial stage of "Industry vs. Inferiority,"
2) Identify the developmental tasks of the school-age child,
3) List the components of psychosocial Assessment Guide to collect information about the school-age child,
5) Write a psychosocial assessment of the school-age child, given a written hypothetical situation,
6) Relate the importance of learning and practicing psychosocial assessment of children in pediatric nursing.

Do you know any 6- to 12-year-old kids?

Well, let me introduce you to one --- Sandy.

Sandy is nine years old, in the school-age stage (6- to 12-year-olds), and very different from the crying infant or the exploring toddler she used to be. She has entered school now, and, by so doing, has embarked on a whole new adventure --- a life outside her family and home. Her attention is now on

INDUSTRY!

She is learning new things, trying out newly learned skills, and concentrating on doing and producing things beside and with others. Her peers begin to take on more and more importance in her life. Friendships, cooperation, and competition assume heightened value to her.

BUT

what if she looks at her peers' talents or successes

and finds herself lacking in comparison? ? ?

The result would be awful for Sandy -

a sense of <u>INFERIORITY!</u>

Now, let's try to explain Sandy's psychosocial stage of "Industry vs. Inferiority."

1A. First, how does Sandy develop a sense of Industry?

1B. Or, how might she develop a sense of Inferiority?

Did you include that, in this stage, she is making her first big step outside of her home?

That she is learning to get along with her peers?

That she is focused on making and doing new things?

You did? Then you're doing fine.

Did you also mention the danger of this age - a sense of inferiority - where Sandy might compare her skills or accomplishments with her friends' skills and mutter, "Gosh, I can't do anything right. I guess I'm just no good at all!"

Did you include those points?

G-R-R-R-R-R-R-E-A-T ! ! !

Now, here comes some more fascinating material about the developmental tasks that Sandy is trying to accomplish.

Every developmental stage has certain TASKS associated with it. These tasks are jobs or accomplishments that are basic to the developmental stage itself. For example, the infant's developmental tasks include learning a sense of trust in his environment and the people who care for him.

But, what about Sandy?

What is she trying to accomplish during her school-age years?

Mainly she is learning to adjust to a world outside of her home. And that means tackling school, its excitement, and frustrations. It also means a widening contact with peers via games, play, and "gangs." It means more time with other adults (such as, friends' parents or teachers) who act as added role models. Sandy is continuously gaining new bits of knowledge, new abilities and skills - both in her thinking and her motor skills.

NOW STOP AND THINK A MINUTE

2. What are nine-year-old Sandy's developmental tasks?

Write them here ↘

_____

_____

_____

_____

_____

What did you identify as her developmental tasks?

Sandy's adjusting to an expanding world outside of her home?

Good, that's very important.

What else?

Her learning new skills and abilities and finding satisfaction as she learns?

Yup, that's right!

And also. . . . ? ?

Her feelings of success and pleasure from learning all these new things?

Keep going . . .

Her increasing contacts with peers and discovering how to get along with them, and spending more time with adults outside of the family -- new adults to use as role models to imitate and identify with?

FANTASTIC ! ! !

Ready now?

Here comes a BIG question . . .

What goes into the psychosocial assessment of the school-age child?

What are the components or parts of the assessment?

So, you ask yourself, "What kinds of information do I want to gather about Sandy?"

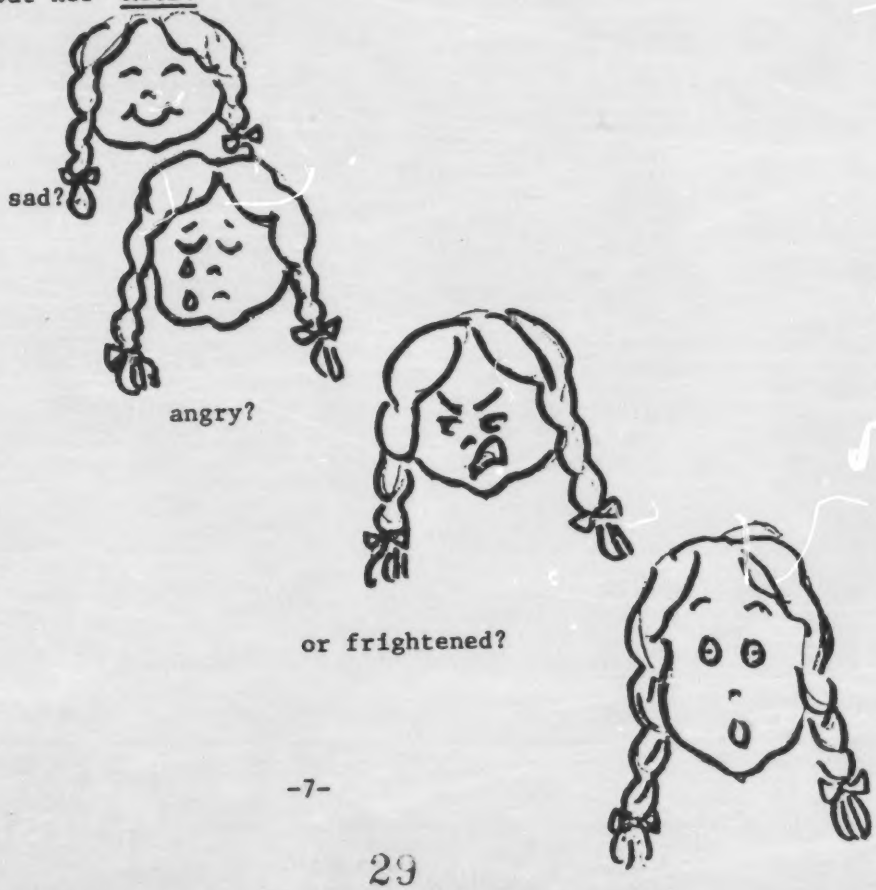
Well, let's think about just

THE CHILD

What is the first thing you notice when you look at Sandy?

How about her MOOD?

Is she happy?



What other feelings or emotions might Sandy express?

Perhaps frustration, loneliness, or joy.

You thought of more feelings than these?

Marvelous! ! !

Next, let's consider SELF-CONCEPT.

How does Sandy see herself?

as a neat, talented, lovable kid?

- or -

as a miserable, dumb dodo?

Two other related terms that you may hear are Self-esteem and Self-worth. These terms both mean the value that a person places upon herself. Can you say something about your own self-esteem?

Do you see yourself as a valuable or a worthless person?

Now, on to the topic of INTERESTS AND GOALS.

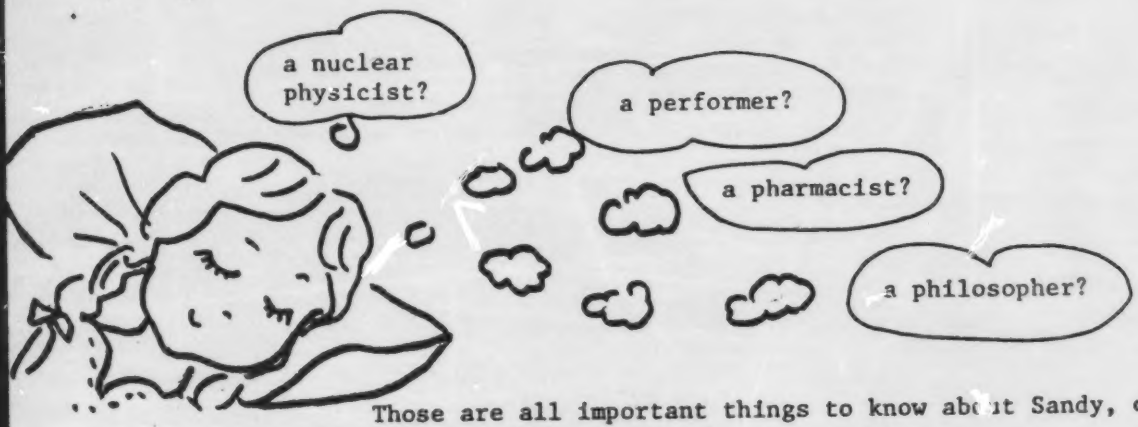
This information will tell you much about Sandy, for example . . . .

does she love romping in the woods?

or curling up in the sun with a good book?

or both?

Does Sandy want to be an astronaut when she grows up?



Those are all important things to know about Sandy, don't you think?

And, what does Sandy do when facing stress situations?

What are her COPING REACTIONS TO STRESS?

For example, what does she do when she has to have a shot?

or when she is sick and has to stay in bed?

or when she had to start a new school after her family moved to a new house?

Maybe she regresses -- that is, returns to an earlier developmental level as shown by her babyish behavior of crying, clinging, etc.

Maybe she becomes aggressive -- that is, shouts at her parents, throws toys around the room, tries to slap her brother.

What we need to look at is her behavior

(what she does & says)

when in a stressful situation.

Let's stop again and review.

You are asked to do a psychosocial assessment of Sandy and are deciding what kinds of information make up the assessment. First of all, you realize that you need to focus on

THE CHILD, alone or by herself.

You also realize there are four components which comprise psychosocial assessment of the child alone.

3.Now, write these four components in the spaces below.

1) _____

2) _____

3) _____

4) _____

What did you write?

1) Mood, 2) Self-concept, 3) Interests and Goals,

4) Coping Reactions to Stress.

You did?

Then, you included all four components! ! !

Got that first part of the assessment down pat?

Let's move on.

We have just talked a lot about <u>THE CHILD HERSELF</u>, but that's only the first half of the psychosocial assessment.

The second half is

<u>THE CHILD WITH OTHERS</u>. (And this half is fun, too.)

Who are the others? They can be family, peers, adults outside the family.

First, let's look at Sandy's ROLE IN THE FAMILY.

What is her role?

Is she the only child?

Or is she the youngest sister of five brothers?

Next, let's consider her RELATIONSHIP WITH HER PARENTS.

How do they all interact together?

What do Sandy and her parents do with each other?

What do Sandy and her parents say to each other?

Are her parents supportive of her? Do they offer her a loving and stable home life? Do they give her chances to try out her newly acquired skills within the limits of reason and safety? Do they understand that her world is gradually becoming wider and wider -- including peers and extrafamilial adults, too?

And, how about Sandy's SIBLING RELATIONSHIPS ? ?

Do she and her little brother fight constantly or do they play together peacefully at times?

What kinds of feelings are expressed between her and her siblings

-- jealousy? joyfulness?

Sandy's siblings are very important to her, but so are her PEER RELATIONSHIPS.

So, ask yourself:

Does she play cooperatively with her peers?

Does she compete in sports and games and schoolwork to see who's the "winner"?

Does she enjoy doing and sharing things with her peers?

Is she well-accepted by her peers?

Is she part of a "gang" of her age-mates and feels that she "belongs"?

Besides interactions with family and peers, the school-age child like Sandy encounters many other adults -- the soccer coach, the teacher, the nurse, strangers. What are her RELATIONSHIPS WITH OTHER ADULTS (outside the family) like?

What does Sandy do with or say to these adults?

As Sandy enters a world larger than just her own home, she will begin to look at these other adults as added role models to imitate or identify with.

Does she already try to imitate her teacher?

Maybe she has already learned the inevitable -- that her parents don't always know "all the right answers." And now, maybe, she thinks her teacher is the only smart person in the world!

Sound familiar? ?

In SCHOOL Sandy is learning new things -- new skills and knowledge. And she takes pride in what she is learning and in each success.

So consider, how is she doing at school

Is she meeting mostly successes or failures.?

A child's play reflects her thoughts, concerns, worries, fantasies, hopes and other feelings.

What kinds of PLAY interests Sandy? Describe her play.

Time to slow down and review.

We have just looked at the CHILD WITH OTHERS. Several components made up the psychosocial assessment of the child with others. Think back.

4A. What are the first two components?

The child's role in the family and relationship with her parents?

Good!

4B. What next?

Her sibling relationships and peer relationships?

Excellent!

4C. And then?

Her relationships with adults outside of the family?

Definitely!

4D. Then . . . ?

Her behavior and adjustment to school?

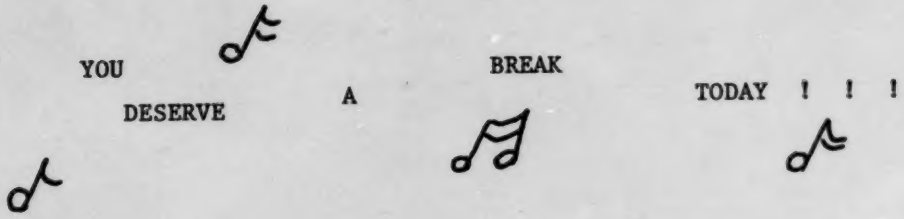
(You're almost finished!)

4E. And the last component of this psychosocial assessment?

Play! Right!

Now, you have just finished Part I.

Stop and rest for awhile.



Then there's a Post-Test for you to take before you move on.

POST-TEST

1. Describe what is meant by the psychosocial stage of "Industry vs. Inferiority."
2. Which of the following developmental tasks are accomplished by the school-age child?
    a. learning to use language to communicate needs and wants,
    b. discovering one's own identity,
    c. adjusting to the challenges and demands of school life,
    d. developing a basic sense of trust,
    e. deriving satisfaction from learning new skills,
    f. establishing an intimate relationship with another person,
    g. sharing and competing with peers in a variety of activities.
3. List the components of psychosocial assessment of the school-age child: A) four for the child alone and B) seven for the child with others.

POST-TEST KEY

1. "Industry vs. Inferiority" refers to the stage of development of the school-age (6 to 12-year old) child. It is the time when the child's energies are focused on doing and producing things, gaining skills and accomplishing goals - all indicative of "industry." It is the child's first big thrust out of his home into a world of school and increasingly important peer relationships. The danger of the age is that a sense of "Inferiority" may develop. Through his contacts with peers, teachers and other adults outside of his home, the child may compare himself and his abilities unfavorably with others and begin to see himself as an inadequate person.

2. c., e., g.

3. <u>The Child</u>

   Mood
   Self-concept
   Interests and goals
   Coping Reactions to stress

   <u>The Child With Others</u>

   Role in the Family
   Relationship with her parents
   Sibling Relationships
   Peer Relationships
   Relationships With other adults
   School Adjustment
   Play Activities

HEALTH INSTRUCTION EXCHANGE
1100 Glendon Avenue □ Westwood Center □ Suite 925 □ Los Angeles, CA 90024 □ 213 478-1411 / 473-4982

NURSING ASSESSMENT OF THE ADOLESCENT

by

Eunice Bown

Illustrated by Jean Bradd

© Eunice C Bown, R.N., B.S., 1976
All Rights Reserved

TITLE:	Nursing Assessment of the Adolescent
AUTHOR:	Eunice Bown, R.N.
INSTITUTION:	Riverview Hospital, Red Bank, N.J.
INTENDED STUDENTS:	Registered nurses
ESTIMATED WORKING TIME:	35 minutes
MATERIALS NEEDED:	Second person for role-playing
REVISED:	July 1, 1977

NOTE: Instructions for the role-playing partner are found on pages 14 and 18.

For effective use of the unit, the instructor must duplicate extra copies of those pages.

HEALTH INSTRUCTION EXCHANGE
1100 Glendon Avenue □ Westwood Center □ Suite 925 □ Los Angeles, CA 90024 □ 213 478-1411
A PROJECT OF THE LEAGUE FOR INNOVATION IN THE COMMUNITY COLLEGE

INTRODUCTION

Nursing Assessment of the Adolescent is a self-instructional package designed to assist you in interviewing an adolescent and making the interview a part of your nursing assessment. In turn, this information will be used in planning the nursing care for this patient.

Included in the package is an overall view of normal growth and development so that you may compare this adolescent's status with what is considered normal.

There is also a section to help you in your approaches to the adolescent.

Finally there is a role-playing section for you to practice your newly learned skill.

The purpose of writing this package will be fulfilled if you can apply what you have learned here to the actual situation on the nursing unit.

OBJECTIVES OF UNIT

Overall Objective

The nurse will be able to do an assessment of an adolescent patient given a case history.

Sub-Objectives

As the nurse you will be able to:

1. Define adolescence.
2. State the basic principles of normal growth and development of the adolescent.
3. Give examples of attitudinal approaches to adolescents based on the principles of normal growth and development.
4. Write a nursing assessment of an adolescent based on a case history.
5. Initiate nursing assessment with adolescent patients.

Adolescence begins when the secondary sex characteristics appear and ends when somatic growth is completed and the individual is psychologically mature, capable of taking his place as a contributing member of society.

Practice Question #1

1) State physical boundaries of the period known as adolescence.

2) What factors describe the completion of the adolescent period?

Feedback

1) From appearance of secondary sex characteristics to the completion of somatic growth.

2) The individual is psychologically mature, capable of taking his place as a contributing member of society.

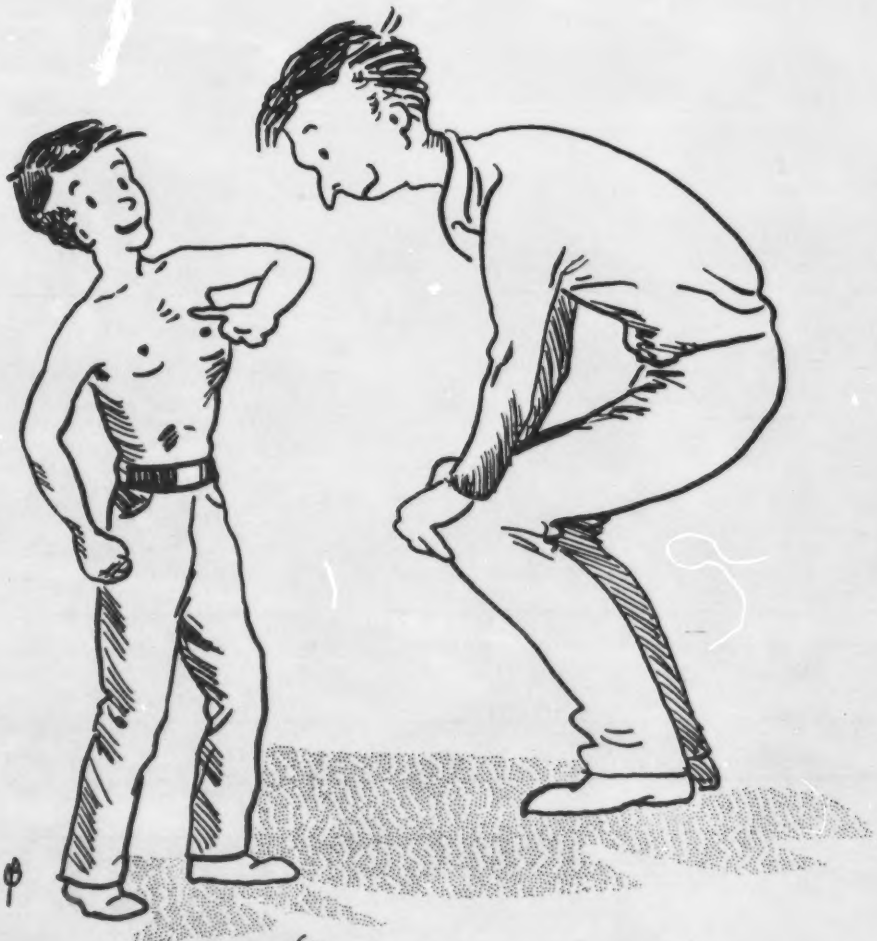
The primary physical changes that take place in adolescence include: the appearance of secondary sex characteristics, increased activity of sebaceous glands and a rapid growth of skeletal system. In girls this may start as early as 9 years or up to the age of 15 years. In boys this is generally two years later. Secondary sex characteristics in girls generally appear in the following sequence:

1. increase in the transverse diameter of the pelvis,
2. development of the breasts,
3. change in the vaginal secretions,
4. growth of pubic hair,
5. menses,
6. growth of axillary hair.

In boys they generally appear in the following sequence:

1. increase in size of genitalia,
2. swelling of the breasts,
3. growth of pubic, axillary, facial and chest hair,
4. voice changes,
5. production of spermatozoa and nocturnal emissions.

Other growth changes that are taking place during this time at a slower pace include the muscles, lungs and heart.



Practice Question #2

1) What primary physical changes take place in adolescence?

2) What is considered a normal age range for these changes?

Check your answers at the bottom of the page.

Erikson describes two stages of personality development that occur during adolescence. In the first, the Sense of Identity versus Identity Diffusion, which occurs in early adolescence, the adolescent struggles to put together all the roles he has played and hopes to play, his previous childish body with his new different one, his ideas about his own society and what he thinks he can contribute to it. He needs the identity which will emerge for him to enter Erikson's next stage of psychological growth in late adolescence, that of Intimacy versus Isolation. Once assured of his own identity, the maturing adolescent can form alliances and partnerships and the commitment to maintain these relationships, necessary for intimacy. Without intimacy, one feels alone and isolated.

Practice Question #3A

Name Erikson's two stages of personality development during adolescence.

Feedback

Question #2: 1) Appearance of secondary sex characteristics, increased activity of sebaceous glands, and rapid growth of the skeletal system.

2) Girls - 9 to 15 years

Boys - 11 to 17 years

Question #3A: Early adolescence - Sense of Identity vs. Identity Diffusion

Late adolescence - Sense of Intimacy vs. Isolation

The psychosocial developmental tasks as described by Fine are:

In early adolescence -
the severance of previous
dependent emotional ties
with one's parents

In middle adolescence -
the period of strong peer group
allegiance and involvement in
the adolescent subculture

In late adolescence -
the adult emancipation period

Practice Question #3B

Describe Fine's three psychosocial developmental tasks during adolescence.

Feedback

Your wording will be different, but the tasks are generally:

1) Early adolescence - severance of previous dependent emotional ties with one's parents.

2) Middle adolescence - strong peer group allegiance and involvement in the adolescent subculture.

3) Late adolescence - adult emancipation.

The basic ingredient for a meaningful relationship with an adolescent patient is trust. This can be developed by:

1. One-to-One conversation without parents
2. Discuss physical condition in terms he can understand
3. Encourage questions and answer them honestly
4. Reassure confidentiality
5. Give guidelines as to expected behavior

Practice Question #4

1) What is the basic ingredient for a meaningful relationship with an adolescent patient?

2) How can this be developed?

Feedback

1) Trust

2) a. One-to-One conversation without parents

   b. Discuss physical condition in terms he can understand

   c. Encourage questions and answer them honestly

   d. Reassure confidentiality

   e. Give guidelines as to expected behavior

Now let's have a practice session. You will choose someone to role-play the part of an adolescent in the hospital (with you as the interviewer). This person will be given a separate set of instructions. The information you will need is this:

Sally, a 12-year-old, has been admitted to the pediatric unit with the diagnosis of scoliosis. She has just begun to develop secondary sex characteristics and has not started menstruating. She has been admitted for x-rays and lab tests and possible surgery. For your assessment you will need to obtain the following additional information during the interview.

1. Family situation
2. Outside activities
3. Hobbies
4. Allergies
5. Food likes and dislikes
6. If she smokes or drinks -- how much?
7. Any physical problems -- past or present
8. Effect of current problem on life style
9. If she has any questions

Practice Question #4

Without looking at the contents, please give a copy of the instructions on the next page to the person role-playing the patient. Allow the person approximately one minute to look over the instructions. Conduct the interview. Interview must be kept to five minutes.

Following the interview, briefly summarize your findings and write your impressions of the patient and her affect.

INSTRUCTIONS FOR THE PERSON ROLE-PLAYING THE PATIENT

As part of this self-instructional package, you have been asked to role-play the part of a teen-ager admitted to the hospital. You will have approximately one minute to look over your role. Please read the case history and answer the questions you are asked by the interviewer as if you were this person.

Due to limited time, the interview must be completed within five minutes.

You, Sally, are a 12-year-old admitted to the pediatric unit with the diagnosis of scoliosis. You have just begun to develop secondary sex characteristics and have not started menstruating.

You have been admitted for x-rays and lab tests and possible surgery.

Your parents are divorced and you live with your mother and two younger brothers.

At school you sing in the choir.

Since you are close to your mother, you help her with the household chores.

Your favorite foods are fried chicken and chocolate cake but you dislike milk.

You are allergic to tomatoes and break out in a rash when you eat them.

You enjoy watching TV, sewing and talking on the telephone to your girlfriend.

There have been no health problems in the past.

You do not drink or smoke.

Feedback

Each assessment will produce different facts and impressions. However, it should include the following:

1. A patient profile stating circumstances surrounding normal everyday life and common problems.
2. How this physical condition will effect the patient's life-style.
3. Past health history.
4. How he/she presently feels.
5. Any questions the patient may have.
6. The nurse's impressions.

POST-TEST

Overall Objective -- What is meant by nursing assessment?

Sub-objectives:

1. Define adolescence.
2. A. State the primary physical changes that occur during adolescence.

   B. How does Erikson describe the stages of personality development:

      1 In Early Adolescence?

      2 In Late Adolescence?
3. State the basic ingredient for a meaningful relationship with an adolescent patient and how it can be developed.
4. Part I -- Ask someone to play the role of an adolescent patient with you as an interviewer. Give the person role-playing the patient a copy of the set of instructions found on page 18. You must keep the interview to five minutes or less, then write your impressions.

   Part II -- The person role-playing with you will portray Bill, a well-developed 16-year-old admitted with a fractured femur resulting from an automobile accident. Additional information you will need is:

   a. Family situation
   b. Outside activities
   c. Hobbies
   d. Allergies
   e. Food likes and dislikes
   f. If he smokes or drinks and how much
   g. Any physical problems -- past or present
   h. Effect of current problem on lifestyle

At this time, without looking at the contents, please give the next page to the person role-playing the patient. Allow the person approximately one minute to look over the instructions. Conduct the interview.

Part III -- Briefly summarize your findings and write your impressions of the patient and his affect.

INSTRUCTIONS FOR THE PERSON ROLE-PLAYING THE PATIENT

As part of this self-instructional package, you have been asked to role-play the part of a teen-ager admitted to the hospital. You will have approximately one minute to look over your role. Please read the case history and answer the questions you are asked by the interviewer as if you were this person.

Due to limited time, the interview must be completed within five minutes.

You, Bill, are a well-developed 16-year-old that has been admitted to the pediatrics unit with a fractured femur resulting from an automobile accident.

You live with your parents and one younger sister.

In high school you play on the basketball and football teams.

Other hobbies are watching TV and playing records and tapes.

You have no known allergies.

You prefer hamburgers and milkshakes and dislike most vegetables.

On weekends you generally have two or three beers with your friends but you don't smoke.

You have had no health problems in the past outside of colds about once a year.

ANSWERS TO POST-TEST

Overall Objective -- A pre-planned method of interviewing by a nurse using an assessment form for obtaining information about a new patient.

Sub-Objectives

1. From the appearance of secondary sex characteristics to the completion of somatic growth.
2. A. Appearance of secondary sex characteristics, increased activity of sebaceous glands, and a rapid growth of skeletal system.
   B. 1. Identity vs. Identity Diffusion
      2. Intimacy and Solidarity vs. Isolation
3. A. Trust
   B. Possible total of five - three acceptable
      1. One-to-One conversation without parents
      2. Discuss physical condition in terms he can understand
      3. Encourage questions and answer them honestly
      4. Reassure confidentiality
      5. Give guidelines as to expected behavior.
4. Each assessment will produce different facts and impressions. However, it should include the following:
      1. A patient profile stating circumstances surrounding normal every-day life and common problems.
      2. How this physical condition will affect the patient's lifestyle
      3. Past health history
      4. How he/she presently feels
      5. Any questions the patient may have
      6. The nurse's impressions

References

1. Marlow, Dorothy R., R.N. Ed.D, Textbook of Pediatric Nursing, 3rd Edition, Saunders, Phila. 1969 p. 609.

2. Ibid, pp. 617-618.

3. Ibid, p. 30.

4. Gallagher, J., M.D., Heald, F., M.D., Garell, M.D.. Medical Care of the Adolescent, 3rd Edition, Appleton-Century-Crofts, New York, 1976, p. 30.

5. Petrillo, M., R.N., M.Ed., Sanger, S., M.D., Emotional Care of Hospitalized Children.

6. Smart and Smart, Infants.

ERIC Clearinghouse for Junior Colleges
96 Powell Library Building
University of California
Los Angeles, California 90024

JUL 17 1981